



Missouri Department of Revenue  
**Special Events Sales Tax Report**

Department Use Only	
Name of Event	
Date(s) (MM/DD/YYYY)	
City Location or Code	
County Location or Code	

You must complete this form and submit it to the address below within ten days after the close of the event. This report is subject to all provisions set forth by the Missouri Department of Revenue Sales Tax Rules and Regulations.

If you have a valid Missouri Retail Sales License do not submit payment with this form. You must report these sales on a regular sales tax return. If you do not currently have a location for the city and county listed below, one will be opened so you may remit the sales tax for this event. If you do not have a Missouri Tax Identification Number, leave this field blank below.

Missouri Tax Identification Number (if registered)	City	County
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- ☐ Select this box if you just took orders and did not make on the spot sales and a location will not be added to your account. Please mail this report to our office or e-mail the information to [BusinessTaxRegister@dor.mo.gov](mailto:BusinessTaxRegister@dor.mo.gov).
- ☐ If you are 65 or older and claiming the handicraft exemption, select this box and attach a completed Exemption Certificate For Sales of Handicraft Items ([Form 2478](#)), which can be found on our website at <http://dor.mo.gov/forms/>. Please mail Forms 2478 and 2360 to the address below.
- ☐ If you are a service or display only, please select this box and mail this form to the address below or e-mail the information to [BusinessTaxRegister@dor.mo.gov](mailto:BusinessTaxRegister@dor.mo.gov).

Business and Taxpayer	Business Name		Taxpayer Name		
	Address		City	State	Zip Code
	Telephone Number ( ) -		E-mail Address		

List the total amount of your sales in Column 2. Compute the tax due by multiplying Column 2 by the appropriate tax rate for this location. Enter amount of tax in Column 4. This report along with your remittance must be returned to the address below by \_\_\_\_\_ to avoid late charges.

Please send a check or money order only.

Column 1 Date(s) of the Event	Column 2 Gross Receipts	Column 3 Tax Rate	Column 4 Tax Due
	\$	%	\$

Use these columns if you have qualifying food sales. [Section 144.014, RSMo](#), provides a reduced tax rate for certain food sales. The reduction applies to all types of food items that may be purchased with food stamps. This includes food or food products for home consumption, seeds and plants for use in gardens to produce food for personal consumption and food items refrigerated or at room temperature.

Column 1 Date(s) of the Event	Column 2 Gross Receipts	Column 3 Tax Rate	Column 4 Tax Due
	\$	%	\$

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature	Printed Name
Title	Date (MM/DD/YYYY) / /

If you pay by check, you authorize the Department of Revenue to process the check electronically.  
Any check returned unpaid may be presented again electronically.

**Mail this form and remittance to:**

Missouri Department of Revenue  
P.O. Box 1325  
Jefferson City, MO 65105-1325

**Phone:** (573) 751-5860

**Fax:** (573) 526-8747

**E-mail:** [BusinessTaxRegister@dor.mo.gov](mailto:BusinessTaxRegister@dor.mo.gov)

Visit <http://dor.mo.gov/faq/business/special.php> for additional information.

Form 2360 (Revised. 07-2014)

